

**Town of Monterey Board of Health
P.O. Box 308 Monterey, MA 01245**

APPLICATION FOR DISPOSAL WORKS INSTALLER PERMIT

A copy of your current BCBOHA license MUST accompany this application.

(Fee: \$75)

Payment Information_____

Company Name _____ Fed. ID or SS# _____

Owner/Contact Name _____

Mailing Address _____

Facility Address _____

Business Telephone _____ Home Telephone _____

Fax Number _____

Have you ever been licensed to install a subsurface disposal system? { yes { no

If yes, when and in what town(s)/state(s)?_____

Pursuant to MGL Ch. 62C, Section 49A, I certify under the penalties of perjury that I,
to my best knowledge and belief, have filed all state tax returns and paid all state
taxes required under laws.

Signature of Applicant Date_____

Phone 413-528-1443

Fax 413-528-9452